

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 235
Registrar's No. 1549

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 902 W. Lynwood
(If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution _____; In Community 15Yrs.; in Arizona 62Yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix
(If outside city limits also write RURAL)

(d) Street No. 902 West Lynwood (e) Citizen of foreign country (yes or No) _____
If Yes, which country _____ Social Security No. _____
(If NONE write the word)

3. (a) FULL NAME Henry Alfred Morgan (b) If Veteran 93
Name war _____

4. Sex <u>Male</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Widowed</u>
6. (b) Name of husband or wife _____		6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased <u>Oct. 1, 1861</u> (Month) (Day) (Year)		
8. AGE: Years <u>81</u>	Months <u>1</u>	Days <u>19</u> If less than one day hrs. _____ min. _____
9. Birthplace <u>Columbia, Calif.</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Banker, Merchant.</u>		
11. Industry or Business _____		
Father	12. Name <u>George P. Morgan</u>	
	13. Birthplace <u>Wales</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Margarette Rielly</u>	
	15. Birthplace <u>Ireland</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature _____		
(b) Address <u>902 -W. Lynwood</u>		
17. (a) Burial, Cremation or Removal <u>Cremation</u>		
(b) Place <u>Greenwood</u> (c) Date <u>Nov. 23, 1942</u>		
18. (a) Embalmer's Signature <u>T. H. Hughes</u>		
(b) Funeral Director <u>Grimshaw Mortuary</u>		
(c) Address <u>334 W. Monroe</u>		
19. (a) <u>NOV 23 1942</u> (Date received local Registrar)		
(b) <u>[Signature]</u> (Registrar's Signature)		

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 20, 1942
TIME (Hour and minute) 11:50 PM

21. I hereby certify that I attended the deceased from 1925 to Nov 20, 1942
that I last saw him alive on Nov 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] M. D. _____
Address Phoenix Date signed 11-23-42

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically